


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000052364 1. Entity Name LIST STRATEGIES SOUTH, INC.	
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FILED
05 JAN -3 PM 12: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 606 BALD EAGLE DRIVE #612 MARCO ISLAND, FL 34145	Mailing Address 141 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010
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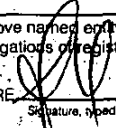
2. Principal Place of Business 141 Fifth Ave Suite, Apt. #, etc. 7th Floor	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 41-1536626
City & State New York NY	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip 10010	Country USA	5. Certificate of Status Desired <input type="checkbox"/>



12142004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent GRANAT, MITCHELL ESQ. 1215 SE 2 AVENUE #201 FORT LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

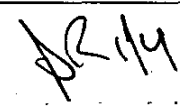
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COOPER, JOEL 141 FIFTH AVENUE #7TH FLOOR NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WEINDRUCH, CHARNA 8571 PEPPER TREE WAY NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12/21/04--01020--015 **150.00



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 12/29/04 DAYTIME PHONE: 212/767-1000